

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09787846
APPLICANT(S)

FILING DATE
12-18-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2	✓						52						
3	✓						53						
4		✓					54						
5		✓					55						
6	✓						56						
7		✓					57						
8		✓					58						
9		✓					59						
10		✓					60						
11		✓					61						
12		✓					62						
13		✓					63						
14	✓						64						
15		✓					65						
16	✓						66						
17	✓						67						
18		✓					68						
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43							93						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	11						TOTAL DEP.						
TOTAL CLAIMS	18						TOTAL CLAIMS						